



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
ENVIRONMENTAL FIELD OFFICE**

**1625 Hollywood Drive  
Jackson, TN 38305**

**(731)512-1300 STATEWIDE 1-888-891-8332 (731)661-6283**

**Receipt:** EAC-J-6418

**Date of Receipt:** 20-Jan-2017 9:08 am

**Created By:** Sue Ellen Verbiest (BG51015)

**County:** Madison

**EFO/Office:** Jackson Field Office

**Received From:** Surveying Services Inc.

**Company/Affiliation:**

**Recipient Address:** 41 Heritage Sq.,  
JACKSON, TN- 38305

**Amount Received:** \$100.00

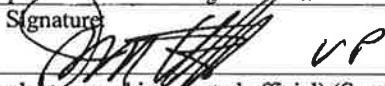
**Method of Payment:** CHECK

**Check Number:** 7285

**Comments:** TNR 120692.3

Division	Description	TDEC Code	Quantity	Unit Price	Line Total
WPC	WPC-NOI \$1 Permit Application	43.340.F02	100	\$1.00	\$100.00

**Receipt Total: \$100.00**

<b>Site or Project Name:</b> Thomsen Farms, Lot 507, Section 5 Huck's Convenience Store		<b>NPDES Tracking Number: TNR</b> 120692	
<b>Street Address or Location:</b> 1295 UNION UNIVERSITY DRIVE, JACKSON, TN		<b>Start date:</b> 2-2017	
		<b>Estimated end date:</b> 2-2018	
<b>Site Description:</b> GRADING FOR A COMMERCAIL DEVELOPMENT		<b>Latitude (dd.dddd):</b> 35.68418	
		<b>Longitude (dd.dddd):</b> 88.86056	
<b>County(ies):</b> MADISON COUNTY	<b>MS4 Jurisdiction:</b> n/a	<b>Acres Disturbed:</b> 1.4 AC	
		<b>Total Acres:</b> 1.4	
Does a topographic map show dotted or solid blue lines <input type="checkbox"/> and/or wetlands <input type="checkbox"/> on or adjacent to the construction site? NO			
If wetlands are located on-site and may be impacted, attach wetlands delineation report.			
If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP permit No.: n/a			
<b>Receiving waters:</b> DRAINAGE SWALES AND PIPES INTO MOIZE CREEK EVENTUALLY THE MIDDLE FORKED DEER RIVER SYSTEMS			
<b>Attach the SWPPP with the NOI</b> <input checked="" type="checkbox"/> SWPPP Attached		<b>Attach a site location map</b> <input checked="" type="checkbox"/> Map Attached	
<b>Name of Site Owner or Developer (Site-Wide Permittee):</b> (person, company, or legal entity that has operational or design control over construction plans and specifications): MARTIN & BAYLEY, INC			
<b>Site Owner or Developer Contact Name:</b> (individual responsible for site): JIM WHETSTONE		<b>Title or Position:</b> (the party who signs the certification below): OWNER / DEVELOPER: OWNER REP	
<b>Mailing Address:</b> 1311A WEST MAIN ST,		<b>City:</b> CARMi	<b>State:</b> IL
<b>Phone:</b> ( 618 ) 382-2334		<b>E-mail:</b> JimWhetstone@martinbayley.com	<b>Zip:</b> 62821
<b>Optional Contact:</b> R. Bruce Richardson - Surveying Services, Inc.		<b>Title or Position:</b> Pres	
<b>Mailing Address:</b> 41 Heritage Square		<b>City:</b> Jackson	<b>State:</b> TN
<b>Phone:</b> ( 731 ) 664-0807		<b>E-mail:</b> brichardson@survserv.com	<b>Zip:</b> 38305
<b>Owner or Developer Certification</b> (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
<b>Owner or Developer Name; (print or type)</b> JIM WHETSTONE		<b>Signature:</b> 	<b>Date:</b> 1-11-17
<b>Contractor(s) Certification</b> (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)			
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.			
<b>Primary contractor name and address; (print or type)</b>		<b>Signature:</b>	<b>Date:</b>
<b>Other contractor name and address; (print or type)</b>		<b>Signature:</b>	<b>Date:</b>
<b>Other contractor name and address; (print or type)</b>		<b>Signature:</b>	<b>Date:</b>
<b>OFFICIAL STATE USE ONLY</b>			
<b>Received Date:</b> 1-20-17	<b>Reviewer:</b>	<b>Field Office:</b>	<b>Permit Number</b> TNR 120692.03
<b>Fee(s):</b> \$100.00	<b>T &amp; E Aquatic Flora and Fauna:</b>	<b>Impaired Receiving Stream:</b>	<b>Exceptional TN Water:</b>
		<b>Notice of Coverage Date:</b>	

\$100.00